

Part IV, supplemental physical examination information

Embassy Driver Safety Regulations Regulatory Criteria Based on the Federal Motor Carrier Safety Agency, Department of Transportation, USA

The following is meant to provide detailed information on assessment of medical conditions that might effect driver safety. The medical examiner and Foreign Service Medical Provider who issues a driver medical certification should use these regulations to determine whether certification is appropriate in the presence of the listed medical conditions, and how frequently assessments should be performed. These guidelines are based on current US federal standards.

If prevailing host nation driver medical certification standards are more stringent, they should be used in place of these standards.

I. GENERAL INFORMATION

The purpose of this examination is to determine a driver's medical fitness to operate a commercial motor vehicle as governed by Part 49, U.S.Code of Federal Regulations, Section 391.41 – 49. The medical examiner should have some familiarity, with the driver's responsibilities and work environment, as these factors should also be considered in reviewing the medical evaluation, and granting a drivers certificate with or without limitations.

In addition to reviewing the Health History section with the driver and conducting the physical examination, particular attention should be given to evaluating any side effects from medications, which sometimes can be more functionally impairing than the conditions for which they are administered. A history of certain conditions may be cause for rejection, particularly if required by regulation, or may indicate the need for additional laboratory tests or more stringent examination perhaps by a medical specialist. These decisions are usually made by the medical examiner in light of the driver's job responsibilities, work schedule and potential for the condition to render the driver unsafe.

Medical conditions should be recorded even if they are not cause for denial, and they should be discussed with the driver to encourage appropriate remedial care. This advice is especially needed when a condition, if neglected, could develop into a serious illness that could affect driving.

If the medical examiner determines that the driver is fit to drive and is also able to perform non-driving responsibilities as may be required (lifting, night driving), the medical examiner signs the medical exam and return to the embassy. The certificate must be dated. Certification is valid for two years, unless the driver has a medical condition that does not prohibit driving but does require monitoring. In such situations, the medical certificate should be issued for a shorter length of time.

The physical examination should be done carefully and *at least* as complete as is indicated by the attached form. For most drivers, the medical examiner will not need to consult any other information to conduct the examination. Any medical evaluations or tests beyond those indicated on this form are not covered for payment by the U.S. Embassy.

Interpretation of Medical Standards

Since the issuance of the regulations for physical qualifications of commercial drivers, the Federal Highway Administration has published recommendations called Regulatory Criteria to help medical examiners in determining whether a driver meets the physical qualifications for commercial driving. These recommendations have been condensed to provide information to medical examiners that (1) is directly relevant to the physical examination and (2) is not included in the medical examination form. The specific regulation is printed in Italics.

A person is physically qualified to drive a motor vehicle if he or she:

Loss of Limb:

Has no loss of a foot, leg, hand or an arm or has been granted a waiver by the Foreign Service Medical Officer with the concurrence of SHEM .

Limb Impairment:

Has no impairment of: (i) A hand or finger which interferes with prehension or power grasping; or (ii) An arm, foot, or leg which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle; or (iii). Any other significant limb defect or limitation, which interferes with the ability to perform normal tasks, associated with operating a motor vehicle; or (iv) Has been granted a waiver.

A person who suffers loss of a foot, let, hand or arm or whose limb impairment in any way interferes with the safe performance of normal tasks associated with operating a commercial vehicle is subject to the waiver program, assuming the person is otherwise qualified.

With the advancement of technology, medical aids and equipment modifications have been developed to compensate for certain disabilities. The waiver option is designed to

allow persons with the loss of a hand, foot or limb or with functional impairment to qualify by use of prosthetic devices or equipment modifications, which enable them to safely, operate a commercial motor vehicle. Since there are no medical aids equivalent to the original body or limb, certain risks are still present, and thus restrictions may be included on individual waivers when necessary to be consistent with safety and public interest.

If the driver is found otherwise medically qualified, the medical examiner must check on the medical certificate that the driver is qualified only if accompanied by a waiver, which can be granted only by the Post Medical Officer with the concurrence of SHEM.

Diabetes

Has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control.

Diabetes mellitus is a disease which, on occasion, can result in a loss of consciousness or disorientation. Individuals who require insulin for control can develop incapacitation from symptoms related to hyperglycemic or hypoglycemic reactions (drowsiness, semiconsciousness, diabetic coma or insulin shock.)

The administration of insulin is, by itself, a complicated process requiring insulin, syringe, needle, alcohol sponge and a sterile technique. Other factors related to operating over-the-road vehicles, such as fatigue, lack of sleep, poor diet, emotional conditions, stress, and concomitant illness, compound the diabetic management and increase the risk of complications. Thus, because of these inherent dangers, a diabetic who uses insulin for control does not meet the minimum physical requirements for commercial vehicle operation.

Hypoglycemic drugs, taken orally, are sometimes prescribed for diabetic individuals to help stimulate natural body production of insulin. These individuals have a less severe form of diabetes mellitus than those requiring insulin for control. If the condition can be controlled by the use of oral medication and diet, then an individual may be qualified under the present rule.

Cardiovascular Condition

Has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse or congestive cardiac failure.

The term "has no current clinical diagnosis of" is specifically designed to encompass: a "clinical diagnosis of" (1) a current cardiovascular condition, or (2) a cardiovascular

condition which has not fully stabilized regardless of the time limit. The term "known to be accompanied by" is defined to include: a "clinical diagnosis of" a cardiovascular disease (1) which is accompanied by symptoms of syncope, dyspnea, collapse or congestive cardiac failure; and/or (2) which is likely to cause syncope, dyspnea, collapse or congestive cardiac failure.

A driver is unqualified who has a current cardiovascular disease, which is accompanied by and/or likely to cause symptoms of syncope, dyspnea, collapse, or congestive cardiac failure. However, the subjective decision of whether the nature and severity of an individual's condition will likely cause symptoms of cardiovascular insufficiency is on an individual basis and qualification *rests with the medical examiner and Foreign Service Officer*. In those cases where there is an occurrence of cardiovascular insufficiency (myocardial infarction, thrombosis, etc.), it is suggested before a driver is certified that he or she have a normal resting electrocardiogram (ECG), no residual complications and no physical limitations, and is taking no medication likely to interfere with safe driving. Commercial drivers should be evaluated for coronary risks factors-- family history of coronary heart disease (CHD), personal history of smoking, elevated blood pressure and serum cholesterol, glucose intolerance and obesity. If risk factors are present, they should be identified, discussed with the patient and additional evaluation recommended. These examinations are not routinely part of the driver physical, and will not be paid for by the Mission. The patient must be so informed and consent to treatment and costs.

Coronary artery bypass surgery and pacemaker implantation are remedial procedures and not cardiovascular conditions. Thus, while the operations per se do not render the driver unqualified, the underlying conditions, which necessitated the surgery, may do so. However, the final determination, as stated above, remains on an individual basis. Warfarin (Coumadin) is a medical treatment, which can improve the health and safety of the driver and should not, by its use, medically disqualify the commercial driver. The emphasis should be on the underlying medical condition(s), which require treatment and the general health of the driver. The RMO should be contacted directly for additional recommendations regarding the physical qualification of drivers on coumadin.

Respiratory Dysfunction

Has no established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with ability to control and drive a motor vehicle safely.

A driver must be alert at all times, therefore, any change in his or her mental state is in direct conflict with highway safety. Even the slightest impairment in respiratory function under emergency conditions (when greater oxygen supply is necessary for performance) may be detrimental to safe driving.

There are many conditions that interfere with oxygen exchange and may result in incapacitation, including emphysema, chronic asthma, carcinoma, tuberculosis, chronic bronchitis and fibrotic pleurisy. If the examining physician determines that a respiratory condition is, in any way, likely to interfere with the driver's ability to safely operate a motor vehicle, then he must find the driver not qualified. Anticoagulation therapy for deep vein thrombosis and/or pulmonary thromboembolism is not unqualifying once optimum dose is achieved, provided lower extremity venous examinations remain normal and the treating physician gives a favorable recommendation.

If there is evidence of active TB, the driver must initiate treatment for an appropriate interval before being allowed to continue driving, to avoid transmission of active TB.

Hypertension

Has no current clinical diagnosis of high blood pressure likely to interfere with ability to operate a commercial motor vehicle safely.

Initial blood pressure of 161-180 systolic and/or 91-104 diastolic is considered mild hypertension, and the driver is not necessarily unqualified during evaluation and institution of treatment. The driver is given a 3-month period to reduce his or her blood pressure to less than or equal to 160/90; the certifying physician should state on the medical certificate that it is only valid for that 3-month period. If the driver is subsequently found qualified with a blood pressure less than or equal to 160/90, the certifying physician may issue a medical certificate for a 1-year period but should confirm blood pressure control in the third month of this 1-year period. The individual should be certified annually thereafter. The expiration date must be stated on the medical certificate.

Initial blood pressure of greater than 180 systolic and/or greater than 104 diastolic is considered moderate to severely elevated. The driver may not be qualified, even temporarily, until his or her blood pressure has been reduced to less than 181/105. The examining physician may temporarily certify the individual once the individual's blood pressure is below 181 and/or 105. For initial blood pressure greater than 180 and/or 104, documentation of continued control should be made every 6 months. The individual should be certified biannually thereafter. The expiration date must be stated on the medical certificate.

Evaluation of the hypertensive commercial driver should include additional risk factors and evidence of target organ damage. Inquiry should be made regarding smoking, cardiovascular disease in relatives, and immoderate use of alcohol. An ECG and blood profile, including glucose, cholesterol, HDL cholesterol, creatinine and potassium should be made. An echocardiogram and chest x-ray is desirable in subjects with moderate or severe hypertension. The echocardiogram is not a part of the routine driver evaluation

and will not be paid for by the Mission. Chest x-rays will only be covered if part of the driver examination protocol.

Since the presence of target organ damage increases the risk of sudden collapse, group 3 or 4 hypertensive retinopathy, left ventricular hypertrophy not otherwise explained (echocardiographic or ECG by Estes criteria), evidence of severely reduced left ventricular function, or serum creatinine of greater than 2.5 warrants the driver being found unqualified.

Treatment includes non-pharmacologic and pharmacologic modalities as well as counseling to reduce other risk factors. Most antihypertensive medications also have side effects, the importance of which must be judged on an individual basis. Side effects of somnolence or syncope are particularly undesirable in commercial drivers. Commercial drivers should be informed of the side effects of drug therapy and the interaction of these drugs with other medications, prescription and nonprescription, and alcohol. Commercial drivers who present for certification with normal blood pressures but are taking medication(s) for hypertension should be certified on the same basis as individuals who present with blood pressures in the mild or moderate to severe range. Annual recertification is recommended if the medical examiner is unable to establish the blood pressure at the time of diagnosis.

A commercial driver who has a normal blood pressure 3 or more months after a successful operation for pheochromocytoma, primary aldosteronism (unless bilateral adrenalectomy has been performed), renovascular disease, or unilateral renal parenchymal disease and who shows no evidence of target organ damage should be qualified. If residual hypertension is present and can be controlled with acceptable drugs and there is no target organ disease, the driver should be qualified on the same basis as those with essential hypertension.

Note: The guidelines here for blood pressure are those recommended by the U.S. Department of Transportation for driver certification. They are not consistent with a normal blood pressure. Readings less than 160/90 but higher than 140/85 are should result in referral for further treatment by the drivers medical provider.

Rheumatic, Arthritic, Orthopedic, Muscular, Neuromuscular or Vascular Disease

Has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular or vascular disease, which interferes with ability to control and operate a motor vehicle safely.

Certain diseases have acute episodes of transient muscle weakness, poor muscular coordination, abnormal sensations, decreased muscular tone, visual disturbances and

pain that may be suddenly incapacitation. With each recurring episode, these symptoms may become more pronounced and remain for longer periods of time. Other diseases have more insidious onsets and display symptoms of muscle wasting (atrophy), swelling and paresthesia which may not suddenly incapacitate a person but may restrict his/her movements and eventually interfere with the ability to safely operate a motor vehicle. In many instances these diseases are degenerative in nature or many result in functional impairment of the involved area

Once the individual has been diagnosed as having a rheumatic, arthritic, orthopedic, muscular, neuromuscular or vascular disease, then he or she has an established history of that disease. The medical examiner should consider the following: (1) the nature and severity of the individual's condition, (2) the degree of limitation present, (3) the likelihood of progressive limitation, and (4) the likelihood of sudden incapacitation. If severe functional impairment exists, the driver does not meet certification criteria. In cases where more frequent monitoring is required, a certificate for a shorter time period may be issued.

Epilepsy

Has no established medical history or clinical diagnosis of epilepsy or any other condition, which is likely to cause loss of consciousness or any loss of ability to control a motor vehicle.

It is the intent of this Section to render permanently unqualified a driver who has a medical history or clinical diagnosis of epilepsy.

If an individual has had a sudden episode of a non-epileptic seizure or loss of consciousness of unknown cause which did not require anti-seizure medication, the decision as to whether that person's condition will likely cause loss of consciousness or loss of ability to control a motor vehicle is made on an individual basis by the medical examiner in consultation with the treating physician. Before certification is considered, it is suggested that a 6 month waiting period elapse from the time of the episode. Following the waiting period, it is suggested that the individual have a complete neurological examination. If the results of the examination are negative and anti-seizure medication is not required, then the driver may be qualified.

In those individual cases where a driver has a seizure or an episode of loss of consciousness that resulted from a known medical condition (e.g., drug reaction, high temperature, acute infectious disease, dehydration or acute metabolic disturbance), certification should be deferred until the driver has fully recovered from that condition and has no existing residual complications.

Mental Illness

Has no mental, nervous, organic or functional disease or psychiatric disorder likely to interfere with ability to drive a motor vehicle safely.

Emotional or adjustment problems contribute directly to an individual's level of memory, reasoning, attention and judgement. These problems often underlie physical disorders. A variety of functional disorders can cause drowsiness, dizziness, confusion, weakness or paralysis that may lead to incoordination, inattention, loss of functional control and susceptibility to accidents while driving. Physical fatigue, headache, impaired coordination, recurring physical ailments and chronic "nagging" pain may be present to such a degree that certification for commercial driving is inadvisable. Somatic and psychosomatic complaints should be thoroughly examined when determining an individual's overall fitness to drive. Disorders of a periodically incapacitating nature, even in the early stages of development, render a driver unqualified.

Vision

Has distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses, field of vision of at least 70 degrees in the horizontal meridian in each eye, and the ability to recognize the colors of traffic signals and devices showing standard red, green, and amber.

The term "ability to recognize the colors" is interpreted to mean if a person can recognize and distinguish among traffic control signals and devices showing standard red, green, and amber, he or she meets the minimum standard, even though he or she may have some type of color perception deficiency. If certain color perception tests are administered, (such as Ishihara, Pseudoisochromatic, Yarn) and doubtful findings are discovered, a controlled test using signal red, green and amber may be employed to determine the driver's ability to recognize these colors.

Hearing

First perceives a forced whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 desibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard (formerly ASA Standard) A24.5 – 1951.

Since the prescribed standard under the FMCSRs is the American Standards Association (ANSI), it may be necessary to convert the audiometric results from the ISO standard to the ANSI standard. Instructions are included on the Medical Examination report form.

Drug Use

Does not use a controlled substance including an amphetamine, a narcotic, or any other habit-forming drug. Exception: A driver may use such a substance or drug, if the substance or drug is prescribed by a licensed medical practitioner who is familiar with the driver's medical history and assigned duties; and has advised the driver that the prescribed substance or drug will not adversely affect the driver's ability to safely operate a commercial motor vehicle.

The rule does not prohibit the use of a drug or medication that is prescribed or authorized by a medical practitioner (physician or dentist) licensed or otherwise authorized to practice by the State. This is contingent on the treating medical practitioner or physician making a good faith judgement, with notice of the driver's assigned duties and on the basis of available medical history, that use of the substance by the driver at the prescribed or authorized dosage level is consistent with the safe performance of the driver's duties. This exception does not apply to methadone. Motor carriers are encouraged to obtain a practitioner's written statement about the effects on transportation safety of the use of a particular drug medication by a commercial driver if the Mission has concern. A test for controlled substances is not required as part of this biennial fitness certification process.

Alcoholism

Has no current clinical diagnosis of alcoholism.

The term "current clinical diagnosis of" is specifically designed to encompass a current alcoholic illness or those instances where the individual's physical condition has not fully stabilized, regardless of the time element. If an individual shows signs of having an alcohol-use problem, he or she should be referred to a specialist. After counseling and/or treatment, he or she may be considered for certification.